1 No. 2	V		
FOR INSTRUCTIONS, SEE BACK OF FORM	IA ETHICS AND	FORM	STATEMENT
•	AMPAIGN DISCLOSURE &	DR-1	OF .
☑ This is an initial* Statement of Organization	PM 9.26.08	(Rev. 04/2008)	ORGANIZATION
This is an amended* Statement of Organization		For Office Use O	nly
*An initial Statement of Organization must be filed within 10 days of the com	dille Stacepting contributions,	Comm. #	
making expenditures, or incurring indebtedness exceeding \$750. Amendme		Indexed	
a change. Penalties may be imposed for late-filed Statements of Organization committee that exceeds \$750 in activity for another office shall file within 10		Audited	
DR-1 disclosing information concerning the campaign for the new office sou		Computer	
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the	candidate's last name in the name of	the committee)	
IMPORTANT: Indicate type of committee you are reporting for: 5			
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee			
(5) County Candidate (6) City Candidate (7) School Board or Other P	olitical Subdivision Candidate(8)	County Central Cor County PAC (9)Ci	mmittee itv PAC
(10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot issues)			
COMMITTEE TREASURER (mandatory for all committees) Name V	Name + + A H	tory except for a ca	andidate's committee)
mari mint (CANDIDATE)		yPuth	es
	Mailing Address ↓ ↓ 6 →	th a.m	
1470 Lancer FUE			
Mailing Address & Corner Ave City, State & Zip Code &			
printer some some some some some some some some			
Phone (CNI) 270 - 0094 Phone (C41) 278 - 2908			
e-Mail e-Mail			
INDICATE PURPOSE OF COMMITTEE – Check One Box Advocate for/against candidate(s) Advocate for ballot issue(s)			
Comment or description:		vocate against ballot	
All Candidates Enter: Office Sought: Short 4	County/Local Candidates an	nd Local Ballot Com	nmittees Enter:
	County: Floyd		
Political Party (if applicable) None (If active in multiple ballot issue elections, attach list of counties			
District: Date of Election:			
Year Standing for Election: 200 K	Date of Election.	· · ·	
Bank Account Name (must match committee name)	Candidate name & Address or Pa	rent Entity (PACs, i	<u>if applicable),</u>
Bank Account Name (must match committee name)		rent Entity (PACs, i filiate, or Sponsor	if applicable),
Bank Account Name (must match committee name)			<u>if applicable),</u>
Bank Account Name (must match committee name)			if applicable),
Bank Account Name (must match committee name) USI'ng personal fund only	AT AT		if applicable),
Name of Financial Institution/type of Account	Mailing Address ↓ ↓	ffiliate, or Sponsor	
Bank Account Name (must match committee name) USI'ng personal fund only	AT AT		Zip ↓ ↓
Bank Account Name (must match committee name) USI'ng per sord fund only Name of Financial Institution/type of Account Mailing Address	Mailing Address ↓ ↓	ffiliate, or Sponsor	
Name of Financial Institution/type of Account	Mailing Address ↓ ↓	ffiliate, or Sponsor	
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Bank Account Name (must match committee name) USI'ng per sord fund only Name of Financial Institution/type of Account Mailing Address	Mailing Address City	ffiliate, or Sponsor	
Bank Account Name (must match committee name) USI'NG PERSONAL FUND ONLY Name of Financial Institution/type of Account Mailing Address City State Zip	Mailing Address City Phone () e-Mail	ffiliate, or Sponsor	
Bank Account Name (must match committee name) USI'ng per sord fund only Name of Financial Institution/type of Account Mailing Address	Mailing Address City Phone () e-Mail	ffiliate, or Sponsor	
Bank Account Name (must match committee name) USI'NG PER SOND GLAND ONLY Name of Financial Institution/type of Account Mailing Address City State	Mailing Address City Phone () e-Mail Trms the following:	fillate, or Sponsor	Zip ↓ ↓
Bank Account Name (must match committee name) USI'NG PERSONAL FUND ONLY Name of Financial Institution/type of Account Mailing Address City State Zip	Mailing Address City Phone () e-Mail Trms the following:	fillate, or Sponsor	Zip ↓ ↓
Bank Account Name (must match committee name) USI' ng per social fund only Name of Financial Institution/type of Account USI' ng per social fund only Name of Financial Institution/type of Account USI' ng per social fund only Name of Financial Institution/type of Account USI' ng per social fund only State USI' ng per social fund only USI' ng	Mailing Address City Phone () e-Mail They are subject to the laws in Iowa Codure reports and that the failure to file the	e chapters 68A and 6	Zip ↓ ↓ 8B and the administrative e the required due dates
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Bank Account Name (must match committee name) \[\begin{align*} \text{VSI'ng per sock!} & \text{Gund only} \\ \text{Name of Financial Institution/type of Account} \] \[\text{Mailing Address} \div \text{\text{Up}} \div \text{State} \div \text{Zip} \div \div \\ \text{City} \div \text{State} \div \text{Zip} \div \div \div \text{Institution} \] STATEMENT OF AFFIRMATION: By filling this document the committee affill. The committee and all persons connected with the committee understand that rules in Chapter 351 of the lowa Administrative Code. 2. That lowa Code section 68A.402 and rule 351—4.9 require the filling of discloss subjects the candidate or chairperson (in the case of committees other than a car imposition of other criminal and civil sanctions. 3. That lowa Code section 68A.405 and rules 351—4.38 through 4.43 require the filling of the case of committees other than a car imposition of other criminal and civil sanctions.	Mailing Address City Phone () e-Mail They are subject to the laws in lowa Cod ure reports and that the failure to file the addate's committee) to the automatic asses a placement of the words "paid for by" an	e chapters 68A and 6 se reports on or beforesessment of a civil per	Zip ↓ ↓ 8B and the administrative e the required due dates halty and the possible
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